



Procedure: Risk Criteria for Infants

Volume: Nutrition Services/Breastfeeding

Section: Nutrition Risk Criteria

Citation: 246.7 (d)(1)(2); PM 2011-5

Approval Date: 11.2012

Revised Date:

Purpose

To provide guidance on nutritional risk criteria for infants as part of eligibility for the Nebraska WIC Program.

Definitions for all allowed risk criteria for infants are found in the following table:

ALLOWED RISK CRITERIA	<u>Risk Criteria Definition</u>	RISK CODE NUMBER (USDA)
Short Stature or At Risk of Short Stature	<ul style="list-style-type: none">• Short Stature: $\leq 2.3^{\text{rd}}$ percentile length-for-age as plotted on WHO growth standards• At Risk of Short Stature: $>2.3^{\text{rd}}$ and $\leq 5^{\text{th}}$ percentile length-for-age as plotted on WHO growth standards <p><i>**NOTE: For premature infants, assignment of this risk criterion will be based on adjusted gestational age.</i></p> <ul style="list-style-type: none">• Infants must have reached the equivalent age of 40 weeks gestation in order to assign risk.	1A (121)
Underweight or At Risk of Underweight	<ul style="list-style-type: none">• Underweight: $\leq 2.3^{\text{rd}}$ percentile weight-for-length as plotted on WHO growth standards• At Risk of Underweight: $>2.3^{\text{rd}}$ and $\leq 5^{\text{th}}$ percentile weight-for-length as plotted on WHO growth standards	1C (103)

<p>Inadequate Growth</p> <p><i>Infants from birth to 1 month of age</i></p> <p><i>Infants from birth to <6 months of age</i></p> <p><i>Infants from 6-11 months of age</i></p>	<p>An inadequate rate of weight gain, defined as:</p> <ul style="list-style-type: none">Excessive weight loss after birthNot back to birth weight by 2 weeks of ageBased on 2 weights taken at least 1 month apart, the infant’s actual weight gain is less than the calculated expected minimal weight gain based on the table below <table><tr><th rowspan="2">Age</th><th colspan="3">Average Weight Gain</th></tr><tr><th>Per day</th><th>Per week</th><th>Per month</th></tr><tr><td>Birth- 1month</td><td>18 g</td><td>4 ½ oz</td><td>1 lb 3 oz</td></tr><tr><td>1 – 2 months</td><td>25 g</td><td>6 ¼ oz</td><td>1 lb 11 oz</td></tr><tr><td>2 – 3 months</td><td>18 g</td><td>4 ½ oz</td><td>1 lb 3 oz</td></tr><tr><td>3 – 4 months</td><td>16 g</td><td>4 oz</td><td>1 lb 1 oz</td></tr><tr><td>4 – 5 months</td><td>14 g</td><td>3 ½ oz</td><td>15 oz</td></tr><tr><td>5 – 6 months</td><td>12 g</td><td>3 oz</td><td>13 oz</td></tr></table> <ul style="list-style-type: none">Based on 2 weights taken at least 3 month apart, the infant’s actual weight gain is less than the calculated expected weight gain based on the table below <table><tr><th rowspan="2">Age</th><th colspan="3">Average Weight Gain</th></tr><tr><th>Per week</th><th>Per month</th><th>Per 6 months</th></tr><tr><td>6 – 11 months</td><td>2 ½ oz</td><td>9 ½ oz</td><td>3 lb 10 oz</td></tr></table>	Age	Average Weight Gain			Per day	Per week	Per month	Birth- 1month	18 g	4 ½ oz	1 lb 3 oz	1 – 2 months	25 g	6 ¼ oz	1 lb 11 oz	2 – 3 months	18 g	4 ½ oz	1 lb 3 oz	3 – 4 months	16 g	4 oz	1 lb 1 oz	4 – 5 months	14 g	3 ½ oz	15 oz	5 – 6 months	12 g	3 oz	13 oz	Age	Average Weight Gain			Per week	Per month	Per 6 months	6 – 11 months	2 ½ oz	9 ½ oz	3 lb 10 oz	<p>1D (135)</p>
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<p>High Weight for Length</p>	<ul style="list-style-type: none">≥97.7th percentile weight-for-length as plotted on the CDC, Birth to 24 months gender specific growth charts	<p>1W (115)</p>																																										
<p>Low Hemoglobin (Low Hematocrit)</p>	<ul style="list-style-type: none">Hemoglobin concentration below the cut-off values established by the CDC. <table><tr><td>Altitude – feet</td><td>0-2999</td><td>3000-3999</td><td>4000-4999</td></tr><tr><td>Infants</td><td>11.0</td><td>11.2</td><td>11.3</td></tr><tr><td>6 to 12 months</td><td></td><td></td><td></td></tr></table>	Altitude – feet	0-2999	3000-3999	4000-4999	Infants	11.0	11.2	11.3	6 to 12 months				<p>2H (201)</p>																														
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<p>Elevated Blood Lead Levels</p>	<ul style="list-style-type: none">Blood lead level of ≥10ug/deciliter within the past 12 months<ul style="list-style-type: none">Cut-off value is the current published guidance from the CDC	<p>2L (211)</p>																																										
<p>Infant of Mother with Alcohol/Drug Abuse or Mental Retardation</p>	<p>Infant born of a woman with:</p> <ul style="list-style-type: none">Documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancyDiagnosed mental retardation	<p>3G (703)</p>																																										

Fetal Alcohol Syndrome	<ul style="list-style-type: none"> • Presence of Fetal Alcohol Syndrome (FAS) diagnosed by a physician. • Diagnosis of FAS is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. 	3G (382)
Drug/Nutrient Interactions	<ul style="list-style-type: none"> • Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, <i>to an extent that nutritional status is compromised</i>. • Refer to current drug references 	3H (357)
Infectious Diseases	<p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to:</p> <p>Must be present within the past 6 months</p> <ul style="list-style-type: none"> • Tuberculosis • Pneumonia • Meningitis • Bronchiolitis (3 episodes in last 6 months) • Hepatitis • Parasitic infections • HIV / AIDS <p>DOES NOT INCLUDE OTITIS MEDIA, BRONCHITIS, CHRONIC OR RECURRENT RESPIRATORY INFECTIONS, OR URINARY TRACT INFECTIONS</p>	3M (352)
LGA Infant	<ul style="list-style-type: none"> • Infant with birth weight of ≥ 9 pounds (4000 grams) 	3O (153)
Recent Major Surgery, Trauma, Burns	<ul style="list-style-type: none"> • Severe enough to compromise nutritional status • Any occurrence within the past ≤ 2 months may be self reported • More than > 2 months previous, physician must document continued need for nutritional support. 	3R (359)
Low Birth Weight	<ul style="list-style-type: none"> • Infant with birth weight ≤ 5 pounds 8 ounces (≤ 2500 g) 	3S (141, 142)
Prematurity	<ul style="list-style-type: none"> • Infant born at ≤ 37 weeks gestation 	
Failure to Thrive	<ul style="list-style-type: none"> • Presence of failure to thrive as diagnosed by a physician 	3T (134)
Hypertension and Prehypertension	<ul style="list-style-type: none"> • Presence of hypertension or prehypertension 	3V (345)
Food Allergies	<ul style="list-style-type: none"> • Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. 	4A (353, 355, 354)
Lactose Intolerance	<ul style="list-style-type: none"> • The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. 	
Celiac Disease	<ul style="list-style-type: none"> • An autoimmune disease precipitated by the ingestion of gluten that results in damage to the small intestine and malabsorption of the nutrients from food. • CD is also known as: Celiac Sprue; Gluten-sensitive Enteropathy; Non-tropical Sprue 	

Inborn Errors of Metabolism	<p>Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Generally refers to gene mutation or gene deletions that alter metabolism in the body. Including but not limited to:</p> <table><tr><td><ul style="list-style-type: none">Amino Acid Disorders: (PKU, MSUD, Tyrosemia)</td><td><ul style="list-style-type: none">Urea Cycle Disorders: (Citrullinemia, Argininosuccinic aciduria)</td></tr><tr><td><ul style="list-style-type: none">Organic Acid Metabolism Disorders: (Gluteric academia, Biotinidase deficiency)</td><td><ul style="list-style-type: none">Carbohydrate Disorders: (Galactosemia, Glycogen Storage Disease, Hereditary Fructose Intolerance)</td></tr><tr><td><ul style="list-style-type: none">Lysosomal Storage Diseases: (Fabry disease, Gauchers disease, Pompe disease)</td><td><ul style="list-style-type: none">Peroxisomal Disorders: (Zellweger Syndrome Spectrum, Adrenoleukodystrophy)</td></tr><tr><td><ul style="list-style-type: none">Fatty Acid Oxidation Defects</td><td><ul style="list-style-type: none">Mitochondrial Disorders:</td></tr></table>	<ul style="list-style-type: none">Amino Acid Disorders: (PKU, MSUD, Tyrosemia)	<ul style="list-style-type: none">Urea Cycle Disorders: (Citrullinemia, Argininosuccinic aciduria)	<ul style="list-style-type: none">Organic Acid Metabolism Disorders: (Gluteric academia, Biotinidase deficiency)	<ul style="list-style-type: none">Carbohydrate Disorders: (Galactosemia, Glycogen Storage Disease, Hereditary Fructose Intolerance)	<ul style="list-style-type: none">Lysosomal Storage Diseases: (Fabry disease, Gauchers disease, Pompe disease)	<ul style="list-style-type: none">Peroxisomal Disorders: (Zellweger Syndrome Spectrum, Adrenoleukodystrophy)	<ul style="list-style-type: none">Fatty Acid Oxidation Defects	<ul style="list-style-type: none">Mitochondrial Disorders:	4B (351)
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Cancer Renal Disease Other Medical Conditions:	<ul style="list-style-type: none">Presence of cancer. Current condition, or the treatment of the condition, must be severe enough to affect nutritional statusAny renal disease including pyelonephritis and persistent proteinuria.Does not include urinary tract infections involving the bladder. <p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. Current condition, or treatment of the condition must be severe enough to affect nutritional status.</p> <ul style="list-style-type: none">Juvenile Rheumatoid ArthritisCardiorespiratory DiseaseCystic FibrosisPersistent Asthma (moderate or severe) requiring daily medicationLupus ErythematosusHeart Disease	4C (346, 347, 360)								
Gastrointestinal disorders Nutrient Deficiency Diseases	<p>Diseases and/or conditions that interferes with the intake or absorption of nutrients. The diseases and/or conditions include but are not limited to:</p> <ul style="list-style-type: none">Gastroesophageal reflux disease (GERD)Peptic ulcerInflammatory bowel diseaseShort bowel syndromeMalabsorption syndromeLiver disease, pancreatitis, gallbladder diseasePost-bariatric surgery <ul style="list-style-type: none">Caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to:Protein Energy Malnutrition, Scurvy, Rickets, Hypocalcemia, Osteomalacia, Cheilosis, Menkes Disease, Vitamin K Deficiency and Xerophthalmia.	4D (342, 341)								

Dental Problems	<ul style="list-style-type: none"> • Presence of nursing or baby bottle caries, smooth surface decay of the maxillary anterior and the primary molars. • Tooth decay, periodontal disease, tooth loss and or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality 	4H (381)
Environmental Tobacco Smoke Exposure	<ul style="list-style-type: none"> • Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside the home. • Also known as passive, secondhand or involuntary smoke • Assessment must be phrased as: “Does anyone living in your household smoke inside the home?” • This definition is based on CDC guidance and relates specifically to exposure “INSIDE THE HOME”. 	4S (904)
Recipient of Abuse	<ul style="list-style-type: none"> • Child abuse/neglect within past 6 months <ul style="list-style-type: none"> • “any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker” <p>Abuse can be self-reported, or as documented by a social worker, health care worker, healthcare provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p> <p><i>*If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information to appropriate State officials.*</i></p>	4X (901)
Breastfeeding Complications	<p>A breastfed infant with any of the following complications or potential complications of breastfeeding (Refer to health care provider and/or lactation consultant):</p> <ul style="list-style-type: none"> • jaundice • weak or ineffective suck • difficulty latching on to mother’s breast • inadequate stooling (for age, as determined by a physician or other health care professional) and/or less than 6 wet diapers per day 	6A (603)
Infrequent Breastfeeding as Only Source of Nutrition	<p>The exclusively breastfed infant (i.e., NOT consuming any solid foods or infant formula) who is routinely taking:</p> <ul style="list-style-type: none"> • < 8 feedings in 24 hours if under 2 months of age • < 6 feedings in 24 hours if 2 months of age and older 	6I (411.7)
Breastfed Infant of Mother at Nutritional Risk	<p>A breastfeed infant whose mother has been determined to be at nutritional risk</p> <ul style="list-style-type: none"> • Used when breastfeeding infant has no independent risk factor of his/her own • Infant must be same priority as his/her mother • 6E: Breastfeeding infant of priority 1 mother • 6F: Breastfeeding infant of priority 4 mother 	6E, 6F (702)

Infant (up to 6 months old) of WIC or WIC Eligible Mother	<ul style="list-style-type: none"> An infant <6 months of age whose mother was a WIC Program participant during pregnancy <p style="text-align: center;">or</p> <ul style="list-style-type: none"> An infant <6 months of age whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions 	7A (701)
Inappropriate Complementary Foods	<p>Routinely offering complementary foods (any foods or beverages other than breastmilk or formula) or other substances that are inappropriate in type or timing.</p> <p>Examples of inappropriate complementary foods include:</p> <ul style="list-style-type: none"> Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier Any food other than breastmilk or iron-fortified infant formula before 4 months of age 	7C (411.3)
Dilution of Formula Inappropriate	<p>Routinely feeding inappropriately diluted infant formula.</p> <p>Examples include:</p> <ul style="list-style-type: none"> Failure to follow manufacturer's dilution instructions (to include over-dilution of formula for household economic reasons) Failure to follow specific instructions accompanying a prescription 	7F (411.6)
Feeding Potentially Contaminated Foods	<p>Feeding of foods to an infant that could be contaminated with harmful microorganisms or toxins. Examples of potentially harmful foods include:</p> <ul style="list-style-type: none"> Unpasteurized fruit or vegetable juices Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, and Mexican-style cheese Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc) Raw or undercooked meat, fish, poultry, eggs Raw vegetable sprouts (alfalfa, clover, bean and radish) Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot) 	7H (411.5)
Improper Use of Bottles or Cups	<p>Routinely using bottles or cups improperly. Examples of improper practices include:</p> <ul style="list-style-type: none"> Using a bottle to feed fruit juice Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, sweetened tea Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime Allowing the infant to use the bottle without restriction (such as walking around with the bottle) or as a pacifier Propping the bottle when feeding Adding any food (cereal or other solid foods) to the infants bottle Allowing an infant to carry around and drink throughout the day from a covered or spill-proof sippy cup or training type cup. 	7K (411.2)

<p>Diet Very Low in Calories / Essential Nutrients</p> <p>Not Providing Dietary Supplements Recognized as Essential</p>	<p>Routinely feeding a diet that is very low in calories and/or essential nutrients. Examples include:</p> <ul style="list-style-type: none"> • Vegan diet • Macrobiotic diet • Other highly restrictive diets that are very low in calories and/or essential nutrients <p>Routinely not providing a supplement of 400 IU of vitamin D to infants who are 6 months of age or older AND</p> <ul style="list-style-type: none"> • are exclusively breastfed and are not taking a supplement of 400 IU of vitamin D/day • are partially breastfed and eating less than 32 ounces of formula/day • are formula fed and eating less than 32 ounces of formula per day. 	<p>7L (411.8)</p>
<p>Primary Nutrient Source Inappropriate</p>	<p>Routinely using a substitute(s) for breastmilk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life. Examples of substitutes include:</p> <ul style="list-style-type: none"> • Low iron formula without iron supplementation • Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk • Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer) or other "homemade concoctions" 	<p>7N (411.1)</p>
<p>Sanitation Practices Inappropriate</p>	<p>Routinely using inappropriate sanitation in preparation, handling and storage of expressed breastmilk or formula. Including:</p> <ul style="list-style-type: none"> • Limited or no access to a heat source for sterilization • Limited or no access to refrigerator or freezer for storage <p><u>Failure to properly handle and store expressed breastmilk, such as:</u></p> <ul style="list-style-type: none"> • Saving breastmilk from a used bottle for use at another feeding • Feeding previously frozen breastmilk that has been thawed in the refrigerator and has been refrigerated more than 24 hours • Using a microwave to thaw frozen breastmilk • Re-freezing breastmilk once it has been thawed • Adding freshly expressed unrefrigerated breastmilk already frozen breastmilk in a storage container. <p><u>Failure to properly prepare, handle, and store bottles of formula, such as:</u></p> <ul style="list-style-type: none"> • Has been held at room temperature longer than 1 hour; or longer than recommended by the manufacturer • Has been held in the refrigerator longer than 24 hours for powdered formula or longer than 48 hours for concentrated or ready-to-feed formula. • Remains in a bottle one hour after the start of the feeding; and/or • Remains in a bottle from an earlier feeding 	<p>7S (411.9)</p>
<p>No Safe Water Supply</p>	<p>Limited or no access to a safe water supply (as documented by appropriate official)</p> <ul style="list-style-type: none"> • Water contaminated with toxic substances such as nitrate >10mg/l, lead, or pesticides 	<p>7S (411.9)</p>

Feeding Practices Disregard Developmental Stage	<p>Routinely using feeding practices that disregard the developmental needs or stage of the infant. Examples of these feeding practices include:</p> <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (such as forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues) • Feeding foods of inappropriate consistency, size or shape that put infants at risk of choking • Not supporting an infant's need for growing independence with self-feeding (such as solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils) • Feeding an infant foods with inappropriate textures based on his/her developmental stage (such as feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods) 	7T (411.4)
Homelessness	<p>An infant who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> • A supervised publicly or privately operated shelter • An institution that provides temporary residence for individuals intended to be institutionalized • A temporary accommodation of not more than 365 days in the residence of another individual • A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings 	8A (801)
Migrancy	<p>Infants who are members of families which contain at least one individual whose principal employment is:</p> <ul style="list-style-type: none"> • in agriculture on a seasonal basis • who has been so employed within the last 24 months • and who establishes for the purposes of such employment, a temporary abode 	8A (802)
Transfer of Certification	<ul style="list-style-type: none"> • with current valid verification of certification (VOC) document from another state or local agency. • verification of transfer status via documented telephone calls is acceptable • used primarily when the VOC document does not reflect a more specific nutrition risk condition at the time of transfer, or participant was initially certified based on a nutrition risk condition not in use by the receiving State agency. 	8B (502)
Dietary Risk Associated with Complementary Feeding Practices <p>This risk code should NOT be used if any other risk code has been assigned.</p>	<ul style="list-style-type: none"> • An infant age 4 – 12 months is at risk of inappropriate complementary feeding when the infant has begun to or is expected to begin to: <ol style="list-style-type: none"> 1. Consume complementary foods and beverages 2. Eat independently 3. Be weaned from breastmilk or infant formula 4. Transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i> <p>**This risk may be assigned to infants age 4-12 months when a nutrition assessment has been completed AND NO other risk criteria have been identified.</p>	9Z (428)

<p>Possibility of Regression</p> <p>Regression risk criteria may not be used more for more than ONE six-month certification period.</p>	<p>A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the CPA determines there is a possibility of regression in nutritional status without the benefits that the WIC program provides.</p> <ul style="list-style-type: none"> • Participants recertified for this risk will remain in the same priority as at the previous certification. • CPA must document the risk condition that warrants use of possibility of regression criteria. (anthropometric, biochemical or medical/nutritional risk) • May not be used at an applicant's initial certification. • May not be used for pregnant women 	<p>9A</p> <p>(501)</p>
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